DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I have declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the Invention entitled: AN IN-LINE EARLY REFLECTION ENHANCEMENT SYSTEM FOR ENHANCING ACOUSTICS

X was filed 23.			xxxxxx	XXXXXXX	PCT/NZ99/0004	
	by Amendment filed	rney and Power	to Inspect;		(if applicable); [or	· 1;
that I have re amendment referred to	viewed and understand the above; and	contents of the	above-identified	specification	, including the clain	ns, as amended by any
that I acknow Rule 56(a) [37CFR§1.	ledge my duty to disclose 56(a)].	information wh	ich is material to	the examinat	ion of this application	on in accordance with
inventor's certificate li	U.S.C. §119: I hereby clain sted below and have also ic application of which paint	dentified below	any foreign applic	ation for pat	ent or inventor's cer	cation(s) for patent or tificate having a filing
Prior Foreign Appl	ior Foreign Application(s)		Filing Date		Priority Claimed	
	Country ew Zealand		Day-Mo-Year 23 - 04 - 98		Yes - Yes	<u>No</u>
₩330206 146 M	ew Zealallu		23 - 04 - 98		103	
agents with full power	RNEY: As inventor, I here of substitution to prosecute Pace, Reg. No. 31,049 at	this application	and to transact all	business in tl		
	CT: I hereby give DANN ives power to inspect and o					elphia, PA or its duly
SEND CORRESPON	DENCE TO: CUSTOMI	ER NUMBER	000110			
PIRECT INQUIRIES TO: Vincent T. Pace		Telephone 215-563-4100 Facsimile 215-563-4044				
believed to be true; and punishable by fine or in	Il statements made herein of d further that these stateme mprisonment, or both, unde lidity of the application or a	nts were made v	with the knowledg of Title 18 of the U	e that willfu	l false statements an	d the like so made are
SOLE OF	SECO	SECOND JOINT INVENTOR (if any)				
Full NameMARK_	_POLE]	TL	Full Name			
First	Middle Last			First	Middle	Last
Signature Med la	Wh.		Signature			
Date 11/12/0	00		Date			
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Citizenship	NEW ZEALAND		Citizenship			
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Kelson, Wellington	1 NEW ZEALAND					
City	State or Country	Zip Code	City		State or Country	Zip Code